

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1084414

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34008	API No. 15				
Name: Owens Petroleum LLC	Spot Description:				
Address 1: 1274 202ND RD	NE_NE_SW_SE Sec. 12 Twp. 24 S. R. 15 ▼ East West				
Address 2:					
City: YATES CENTER State: KS Zip: 66783 + 5411	1416 Feet from ✓ East / ☐ West Line of Section				
Contact Person: Scott Owens	Footages Calculated from Nearest Outside Section Corner:				
Phone: (620) 496-7048	□NE □NW ☑ SE □SW				
CONTRACTOR: License # 33986	County:_Woodson				
Name: Owens Petroleum Services, LLC	Lease Name: Holloway-2 Well #: 3				
Wellsite Geologist: none	Field Name:				
Purchaser:	Producing Formation: Squirrel				
Designate Type of Completion:	Elevation: Ground: 1083 Kelly Bushing: 0				
✓ New Well Re-Entry Workover	Total Depth: 1156 Plug Back Total Depth:				
☑ Oil	Amount of Surface Pipe Set and Cemented at: 40 Feet				
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?				
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set:Feet				
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:				
Cathodic Other (Core, Expl., etc.):	feet depth to: 1156 w/ 157 sx cmt.				
If Workover/Re-entry: Old Well Info as follows:					
Operator:	Drilling Fluid Management Plan				
Well Name:	(Data must be collected from the Reserve Pit)				
Original Comp. Date: Original Total Depth:	Chloride content: 0 ppm Fluid volume: 300 bbls				
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Chloride content: Uppm Fluid volume: 500 bbls Dewatering method used: Hauled to Disposal				
Conv. to GSW	Dewatering method used:				
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:				
Commingled Permit #:	Operator Name: Owens Petroleum, LLC				
Dual Completion Permit #:	Lease Name: Roberts License #: 34008				
SWD Permit #:	Quarter SE Sec. 4 Twp. 24 S. R. 16 East West				
ENHR Permit #:	County: Woodson Permit #: D20591				
GSW Permit #:	County. Permit #:				
4/23/2012 04/26/2012 06/12/2012 Spud Date or Date Reached TD Completion Date or					
Recompletion Date Recompletion Date Recompletion Date					

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I I II Approved by: Deanna Garrisor Date: 06/14/2012

Side Two



Operator Name: Owe	ns Petroleum L	LC	Lease Name: _	Holloway-2		_ Well #: _ 3	
Sec. 12 Twp.24	s. _{R.} <u>15</u>	✓ East	County: Woo	odson			
time tool open and clos	ed, flowing and sho if gas to surface to	nd base of formations pen ut-in pressures, whether s est, along with final chart(s I well site report.	hut-in pressure rea	iched static level,	hydrostatic pres	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken (Attach Additional Sh	neets)	☐ Yes 🗸 No		.og Formatio	n (Top), Depth a	nd Datum	Sample
Samples Sent to Geolo	gical Survey	Yes No	Nan na	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)		Yes No Yes No	ria				
List All E. Logs Run:							
		CASING Report all strings set-c		ew VUsed	ion. etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	11.625	7	17	40	Portland	40	
Production	5.875	2.875	6.5	1134	Pozmix	157	
	···	ADDITIONAL	CEMENTING / SQ	UEEZE RECORD			
Purpose: —— Perforate —— Protect Casing	Depth Top Bottom	Type of Cement	# Sacks Used		Type and	Percent Additives	
Plug Back TD Plug Off Zone	-						
		<u> </u>					
Shots Per Foot	PERFORAT Specify	ION RECORD - Bridge Plug Footage of Each Interval Per	s Set/Type forated		cture, Shot, Cemer mount and Kind of M		d Depth
	· · · · · · · · · · · · · · · · · · ·						
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No	.	
Date of First, Resumed P	roduction, SWD or El	NHR. Producing Metr		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil		Mcf Wa		. , ,	Gas-Oil Ratio	Gravity
DISPOSITION	N OF GAS:		METHOD OF COMPL			PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease	Open Hole			mmingled mit ACO-4)		

Hurricane Services, Inc. 3613 A Y Road Madison, KS 66860 Office # 620-437-2661 d Cell# 620-437-6765

Ticket Number_	100077
Location	Madison
Foreman	Brad Butter

9-27-12	Customer	#	Well Name &	Number	Sec./Town	ship/Range	County
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1,527						Estimated To	tal 3609.67

Invoice # Page 33389 001
Invoice Date 04-23-2012 09:11:13

True Enterprise 1326 North Main Street LeRoy, KS 66857

(620) 964-2514

SOLD TO:

Received by:

Scott Owens Scott Owens 1274 202 Road

Yates Center, KS 66783

620-625-3607

Please Remit To: True Enterprise, 1326 North Main, LeRoy, KS 66857

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